

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Philip Levine For Mayor

Name

(2) 1425 N. View Drive

Address (number and street)

Miami Beach, FL 33140

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY

2015 SEP -4 PM 10:45

RECEIVED

CITY CLERK'S OFFICE

(4) Check appropriate box(es):

☒ Candidate Office Sought: Mayor of Miami Beach

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 08/28/2015/ To 08/31/2015/ Report Type: M08-2015

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ 0.00

Loans \$ _____ , _____ , 250,000.00

Total Monetary \$ _____ , _____ , 250,000.00

In-Kind \$ _____ , _____ , _____ 0.00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , _____ 0.00

Transfers to Office Account \$ _____ , _____ , _____ 0.00

Total Monetary \$ _____ , _____ , _____ 0.00

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ 250,000.00 , _____ . _____

(10) TOTAL Monetary Expenditures To Date

\$ 0.00 , _____ . _____

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Sanford B. Horwitz

☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X

Signature

(Type name) Philip Levine

☒ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Philip Levine For Mayor (2) I.D. Number _____

(3) Cover Period 08/28/2015 / / through 08/31/2015 / / (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
08/31/2015 / /	Levine, Philip 1425 N. View Drive Miami Beach, FL 33140	S	Media Co. owner	LOA			250,000.00
1							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Philip Levine For Mayor

(2) I.D. Number _____

(3) Cover Period 08/28/2015 / _____ through 08/31/2015 / _____

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

CAMPAIGN LOANS REPORT ITEMIZED

Page 1 of 1

(PLEASE TYPE)

<p>FULL NAME AND ADDRESS OF LENDER:</p> <p>Philip Levine</p> <p>1425 North View Drive</p> <p>Miami Beach, FL 33140</p> <p>OCCUPATION: <u>Media Co. - Owner</u></p> <p>AMOUNT OF LOAN: <u>\$250,000.00</u></p> <p>DATE RECEIVED: <u>8/31/2015</u></p>	<p>FULL NAME AND ADDRESS OF LENDER:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>OCCUPATION: _____</p> <p>AMOUNT OF LOAN: _____</p> <p>DATE RECEIVED: _____</p>
<p>FULL NAME AND ADDRESS OF LENDER:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>OCCUPATION: _____</p> <p>AMOUNT OF LOAN: _____</p> <p>DATE RECEIVED: _____</p>	<p>FULL NAME AND ADDRESS OF LENDER:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>OCCUPATION: _____</p> <p>AMOUNT OF LOAN: _____</p> <p>DATE RECEIVED: _____</p>
<p>FULL NAME AND ADDRESS OF LENDER:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>OCCUPATION: _____</p> <p>AMOUNT OF LOAN: _____</p> <p>DATE RECEIVED: _____</p>	<p>FULL NAME AND ADDRESS OF LENDER:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>OCCUPATION: _____</p> <p>AMOUNT OF LOAN: _____</p> <p>DATE RECEIVED: _____</p>